



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

May 27, 2009

Stanley Turner, Administrator
Autumn Years at Boise, Seniorcare Turlock/Boise, LLC
10172 West Smoke Ranch Drive
Boise, Idaho 83709

License #: RC-877

Dear Mr. Turner:

On April 15, 2009, a follow-up to the complaint investigation of December 12, 2008 was conducted at Autumn Years at Boise, Seniorcare Turlock/Boise, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink that reads "Polly Watt-Geier, MSW". The signature is written in a cursive, flowing style.

POLLY WATT-GEIER, MSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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April 17, 2009

Stanley Turner, Administrator
Autumn Years at Boise, Seniorcare Turlock/Boise, LLC
10172 West Smoke Ranch Drive
Boise, Idaho 83709

Dear Mr. Turner:

On April 15, 2009, a follow-up visit to the state licensure survey and complaint investigation survey of December 12, 2008, was conducted at Autumn Years at Boise, Seniorcare Turlock/Boise, LLC. The core issue deficiencies issued as a result of the December 12, 2008, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by May 15, 2009.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Simpson".

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc



BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Autumn Years	Physical Address 10172 W. Smoke Ranch Drive	Phone Number 322-0955
Administrator Stan Turner	City Boise	ZIP Code 83709
Survey Team Leader Polly Watt-Geser	Survey Type Follow-up	Survey Date 4/15/09

NON-CORE ISSUES

~~FACILITY STANDARDS~~